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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Wiping Out Tuberculosis in Our Time

THROUGH a well-coordinated and vigorous attack, it should be possible virtually to eliminate tuberculosis as a cause of death in our country within a generation.

The achievements of the campaign against tuberculosis up to now constitute a brilliant chapter in the history of preventive medicine and public health. Since the turn of the century the death rate from the disease in the United States has been reduced about four fifths—from approximately 200 per 100,000 to about 40. In the white population the disease is now a relatively minor cause of death, the rate being about 30 per 100,000. Moreover, in large areas of the country the tuberculosis problem has already been reduced to almost negligible proportions.

The prospects are indeed bright for continuing the successful attack on the disease. In the first place, the chances of becoming infected are now greatly diminished, both because there are fewer active cases to serve as foci of infection, and because people generally are living and working under more healthful conditions, are better fed, and have more adequate knowledge of personal hygiene. Furthermore, facilities for detecting existing cases have rapidly multiplied over the years, with the result that a greater proportion of unsuspected infections are being discovered in the early stages, when the chances of cure are best. In this connection, special mention should be made of the use of mass X-ray in schools and colleges, in factories, and in entire communities. Similarly, X-ray examination as a routine procedure is being used to an increasing extent on patients admitted to hospitals and on people taking periodic health examinations. The medical examinations of millions of young men prior to induction, during military service, and at separation centers before discharge, also brought to light thousands of cases of the disease, many of them in the symptomless stages.

For the cases which are discovered, medical and nursing care are better now than ever before. The anti-tuberculosis movement as a whole has been geared up to more intensified action through the availability of increased funds and through the impetus given by the organization recently of the Tuberculosis Division of the U. S. Public Health Service. Altogether, the stage is set for a

great victory over the disease in the next two decades.

Very encouraging are the recent gains, as shown in Table 1. In 1944, 43 States had tuberculosis death rates under 50 per 100,000, whereas in 1934 there were only 20 States in that category. In five States the death rate from the disease in 1944 had dropped to well below 20 per 100,000—Utah (12.0), Wyoming (13.2), Iowa (15.0), North Dakota (16.3), and Nebraska (17.4). Just a short decade ago only Wyoming recorded a death rate under 20 (18.6). Looking at the table from the other extreme, in 1944 only one State—Arizona—experienced a tuberculosis mortality in excess of 70 per 100,000, and, as is well known, special circumstances account for the exceptionally high death rate in that State. In 1934, nine States and the District of Columbia were in this mortality class. Even in Arizona, the figure dropped from 228.5 to 122.9 in the decade.

TABLE 1—NUMBER OF STATES IN EACH TUBERCULOSIS MORTALITY CLASS

DEATH RATE PER 100,000	1944	1934
Under 20.0	5	1
20.0–29.9	6	5
30.0–39.9	15	7
40.0–49.9	17	7
50.0–59.9	1	12
60.0–69.9	4	7
70.0–79.9	—	5
80.0–89.9	—	2
90.0–99.9	—	—
100 and over	1	3

In focusing attention on the marked gains already made, we must not lose sight of the magnitude of the problem which still exists. Tuberculosis even now takes more than 50,000 lives a year in our country, and is a serious cause of disability among men in the productive period of life. A good picture of the existing problem may be gleaned from the data given in Table 2; the figures relate to 1943, the latest available in such detail. Tuberculosis still ranks high among the causes of death at most age periods. For example, among white females 20 to 34 years, it remains the principal cause of death, accounting for about one fifth of all deaths in this broad age range. Among white males the disease ranks second only to accidents in the prime ages from 20 to 39 years. In these two decades of life among colored males, tuberculosis outranked every other cause without exception, as it did among colored females in the age range 10 to 39 years.

The virtual stamping out of the disease waits upon the full utilization of existing knowledge and facilities for discovering and treating cases. The cost of mass X-ray has been reduced to the point where it should be available to much larger numbers of persons at regular intervals. There is great need for concentrating effort on the Negro and the other colored groups of the population, among whom tuberculosis is still a scourge. The disease accounts for more than one fourth of all deaths among colored males in

the broad age group 15 to 34 years, and for at least two fifths of all deaths among colored females at ages 15 to 24. A complete health program for all segments of the population will run into sizable sums of money, but it would more than pay for itself in the economic gains resulting from decreased public relief rolls, medical costs, and loss of industrial production—not to mention the vast reduction in human suffering.

TABLE 2—DEATH RATES PER 100,000 FROM TUBERCULOSIS, ALL FORMS. PERCENT OF ALL CAUSES AND RANK AS CAUSE OF DEATH. UNITED STATES, 1943

AGE YEARS	DEATH RATE PER 100,000 POPULATION				PERCENT OF ALL CAUSES				RANK AS CAUSE OF DEATH			
	White		Colored		White		Colored		White		Colored	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1- 4.....	7.6	7.7	30.8	28.6	3.0	3.6	6.9	7.4	5	6	4	4
5- 9.....	2.6	2.3	11.4	10.4	2.4	2.8	8.7	9.3	11	9	3	3
10-14.....	2.4	3.4	18.9	31.1	2.3	5.1	11.7	23.5	8	5	2	1
15-19.....	9.8	15.4	94.0	134.1	5.6	15.1	26.5	40.6	3	2	2	1
20-24.....	25.4	29.7	166.1	200.6	8.1	21.5	31.1	40.7	2	1	1	1
25-29.....	33.7	34.4	173.2	164.7	12.3	20.5	27.8	30.9	2	1	1	1
30-34.....	40.3	35.0	189.2	149.5	13.7	16.4	24.3	22.0	2	1	1	1
35-39.....	50.6	31.9	190.5	124.3	12.6	11.0	18.4	13.7	2	3	1	1
40-44.....	59.9	25.7	190.8	99.8	10.2	6.6	13.9	8.3	4	3	2	5
45-49.....	77.1	25.3	213.3	95.4	8.5	4.3	11.1	6.1	5	6	2	5
50-54.....	90.9	25.0	225.8	94.9	6.6	2.9	8.2	4.0	5	8	4	7
55-59.....	97.3	29.1	199.3	89.6	4.8	2.3	6.1	3.0	8	9	6	8
60-64.....	104.2	35.4	189.6	85.9	3.4	1.8	4.8	2.3	8	9	6	8
65-69.....	105.0	45.4	182.6	94.8	2.3	1.4	3.3	2.0	9	10	9	9
70-74.....	101.2	53.8	153.3	82.7	1.5	1.1	2.2	1.5	11	10	11	11
75 and over	88.5	60.2	121.0	38.8	0.6	0.5	1.2	0.5	12	12	11	11

Thirty-Five Years of Progress in Reducing Mortality

THE remarkable reduction in mortality, and the corresponding increase in the average length of life achieved in this country in the past 35 years, are probably without parallel in our history. Among the many millions of Metropolitan Industrial policyholders, the age-adjusted death rate (ages 1 to 74) dropped from 1,279.6 per 100,000 to 597.4* between 1911-1915 and 1941-1945, a decrease of no less than 53 percent. The expectation of life at birth rose from 46⅔ years in 1911-1912 to 65 years in 1945, a gain of 18⅓ years. These figures summarize the extraordinary progress which has been made in conserving life in the last 35 years, despite the adverse effects of two world wars and a major economic depression.

All groups in this large insurance

*All figures quoted in this article are exclusive of deaths from enemy action.

experience—young and old, males and females, white and colored—have benefited materially, although not in equal measure, from the improvement in mortality. It is striking, indeed, that at ages 1 to 4 the drop was in excess of 80 percent in this interval in each of the four color and sex groups. This means that for every child that now dies at these ages, more than five would have died if the mortality conditions at the beginning of the period under review had continued to prevail. Up to age 45 the decline in mortality was well above 50 percent in each age group, irrespective of sex or color. Even at ages 65 to 74 the decline

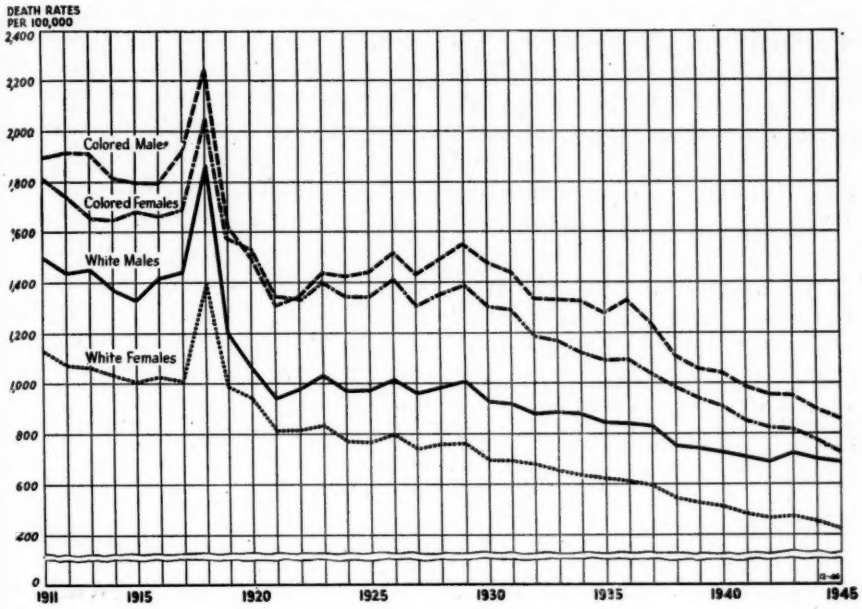
TABLE 1—ALL CAUSES OF DEATH*. AVERAGES OF ANNUAL DEATH RATES PER 100,000. BY COLOR, SEX, AND AGE. AGES 1 TO 74 YEARS. 1941–1945 AND 1911–1915. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS

AGE PERIOD YEARS	MALES		FEMALES		PERCENT DECREASE 1941–1945 SINCE 1911–1915	
	1941–1945	1911–1915	1941–1945	1911–1915	Males	Females
WHITE						
1 to 74†	699.3	1,417.7	455.9	1,060.7	50.7	57.0
1 to 4	218.2	1,123.7	179.5	1,034.7	80.6	82.7
5 to 9	98.7	359.9	67.7	335.9	72.6	79.8
10 to 14	88.0	234.9	56.9	224.6	62.5	74.7
15 to 19	161.1	394.6	85.6	373.7	59.2	77.1
20 to 24	277.4	608.1	127.6	546.4	54.4	76.6
25 to 34	277.7	980.2	184.8	702.1	71.7	73.7
35 to 44	571.2	1,637.9	347.7	960.0	65.1	63.8
45 to 54	1,300.0	2,433.5	750.6	1,502.5	46.6	50.0
55 to 64	2,760.5	4,198.8	1,738.9	3,081.4	34.3	43.6
65 to 74	5,890.3	8,306.5	4,385.4	6,927.3	29.1	36.7
COLORED						
1 to 74†	922.7	1,866.9	796.1	1,707.3	50.6	53.4
1 to 4	295.7	1,920.6	267.1	1,853.6	84.6	85.6
5 to 9	132.7	536.4	105.8	552.0	75.3	80.8
10 to 14	144.7	480.3	115.9	605.5	69.9	80.9
15 to 19	323.3	973.1	319.6	1,185.2	66.8	73.0
20 to 24	450.1	1,222.8	420.5	1,255.4	63.2	66.5
25 to 34	519.9	1,466.1	485.7	1,273.1	64.5	61.8
35 to 44	882.5	1,918.5	787.3	1,658.6	54.0	52.5
45 to 54	1,674.2	2,828.3	1,450.7	2,447.1	40.8	40.7
55 to 64	3,264.8	4,896.6	2,723.9	4,131.1	33.3	34.1
65 to 74	6,639.3	8,607.8	5,409.3	7,292.8	22.9	25.8

*Exclusive of deaths from enemy action.

†Standardized for age on the basis of the Standard Million of England and Wales, 1901.

ALL CAUSES OF DEATH.* STANDARDIZED ANNUAL DEATH RATES PER 100,000† BY COLOR AND SEX. AGES 1 TO 74 YEARS. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS. 1911 TO 1945



*Exclusive of deaths from enemy action.

†Standardized on the basis of the Standard Million Population of England and Wales, 1901.

was large—almost 30 percent among white males and 37 percent among white females. (See Table 1.)

It is not only at the older ages but also at virtually every age period that insured females have recorded greater improvement in mortality than males. In the aggregate the age-adjusted death rate fell 50.7 percent among white males and 57.0 percent among white females in this period. The effect of this differential decline has been to increase further the advantage in mortality which females have enjoyed as compared with males.

The radical change in the mortality picture as a whole over the 35-year period has been due mainly to the phenomenal success achieved in stamping out the infectious diseases. This is apparent from Table 2 on page 6, which shows the ranking of the principal causes of death among the Industrial policyholders for the years 1911 and 1945. Diphtheria, diarrhea and enteritis, and typhoid fever, the mortality from which is now practically negligible, all ranked among the first 10 causes of death only 35 years ago. It is noteworthy in this connection that a recent sur-

vey by the American Medical Association showed that there were 31 large cities in the United States which had no deaths from either diphtheria or typhoid fever in 1945, and that a large proportion of these cities had maintained a perfect record in this respect for several years.

Tuberculosis, which was far and away the leading cause of death in 1911, was in sixth place in 1945, and ranks even lower when ages beyond 75 are included in this experience. Influenza and pneumonia dropped from third to eighth place, the death rate declining from 140.6 per 100,000 to 21.9 between 1911 and 1945. A major factor in this sharp reduction has been, of course, the increasing use of the new therapy, which has proved to be remarkably effective not only in the treatment of pneumonia, but also in controlling a wide variety of other infections. It is important to note that a number of causes, though ranking higher in 1945 than 35 years ago, actually have recorded a material decrease in mortality. This is the case for most of the cardiovascular-renal diseases and for accidents.

The leading causes of death are assuming an ever larger part in the total mortality picture. Whereas the 10 principal causes accounted for 71 percent of all deaths in this experience in 1911, they comprised 81 percent of the total in 1945. Even more noteworthy is the fact that the leading causes of death are

TABLE 2—RANK OF LEADING CAUSES OF DEATH.* TOTAL PERSONS. AGES 1 TO 74 YEARS. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS. 1945 AND 1911

1945		1911	
CAUSE OF DEATH	DEATH RATE PER 100,000†	CAUSE OF DEATH	DEATH RATE PER 100,000†
All Causes of Death	567.4	All Causes of Death	1,354.9
Ten Leading Causes	450.4	Ten Leading Causes	971.2
1. Organic heart diseases‡	111.4	1. Tuberculosis—all forms	241.6
2. Cancer—all forms	82.2	2. Organic heart diseases‡	157.7
3. Diseases of the coronary arteries and angina pectoris	55.8	3. Influenza and pneumonia	140.6
4. Cerebral hemorrhage and paralysis without specified cause	39.3	4. Chronic nephritis	109.1
5. Accidents—all forms	56.5	5. Accidents—all forms	86.6
6. Tuberculosis—all forms	33.3	6. Cerebral hemorrhage and paralysis without specified cause	83.3
7. Chronic nephritis	26.4	7. Cancer—all forms	75.8
8. Influenza and pneumonia	21.9	8. Diphtheria	25.6
9. Diabetes mellitus	16.2	9. Diarrhea and enteritis	28.7
10. Cirrhosis of the liver	7.4	10. Typhoid fever	22.1

*Exclusive of deaths from enemy action.
†Standardized for color, sex, and age.
‡1909 Classification, International List of Causes of Death.

more and more being represented by diseases which attack people of the middle and older age groups. In the present state of medical knowledge, this means an increasing concentration of deaths among the causes which to date present the greatest resistance to prevention or postponement. This development should affect the future orientation of medical practice and research and of public health administration.

The Money Loss from Permanent Physical Impairment

PERSONAL injuries and disease resulting in permanent impairments take a heavy toll annually, not only in human suffering, but also in loss of productive capacity. Each year about one third of a million persons in the United States become permanently impaired, either partially or totally, through accidental injury alone. It is tragic enough when children or housewives suffer such disability, since medical and nursing costs or treatment often strain the family resources. But the full force of the economic loss is felt by the family when the breadwinner himself becomes permanently impaired physically, so that his earning capacity is reduced or destroyed altogether.

Examples of the capitalized loss to the breadwinner and his family, through curtailment of his earning capacity because of some permanent impairment, are shown in the table on page 8. It is apparent from the figures that in many cases the money losses are very considerable. The table is derived from a schedule showing the loss in earning capacity because of specified impairments at different ages.* Age is an important factor in evaluating loss of prospective earning capacity, since an older man not only has a shorter work span ahead of him but may be expected to react less favorably to physical injury. He may also find it more difficult to readjust himself to new conditions.

The money losses shown in the table are not applicable to any particular case without first considering what modifying factors may be present. Thus, a machinist losing a thumb will be more seriously handicapped in earning his living than a business executive. Also, a talented violinist losing a hand must give up his career, while a railroad gateman with the same injury need not suffer, proportionately, as great a loss in his earning capacity.

Naturally, complete loss of earning capacity involves considerable sums. In the case of a man of age 30, earning $3,000 a year, whose prospects of future earnings have been completely eliminated because of a total, permanent impairment, the present value of the loss amounts to $63,000. If there is only partial,

*The values of gross future earnings are based on the computations in the revised edition of the *Money Value of a Man*, by Dublin and Lotka, just published by the Ronald Press, New York.

LOSS IN PRESENT VALUE OF GROSS FUTURE EARNINGS, BY A MAN EARNING $3,000 ANNUALLY (AFTER DEDUCTING INCOME TAX) AT SPECIFIED AGE, BECAUSE OF STATED IMPAIRMENTS*

IMPAIRMENT	AGE				
	30	35	40	45	50
Total impairment	$63,000	$53,200	$45,300	$38,200	$31,100
Loss of					
Arm at shoulder	36,600	31,800	28,400	26,100	23,300
Arm at or above elbow	31,200	27,100	24,200	22,200	19,800
Hand at or above wrist	24,600	21,300	18,800	17,600	15,600
Thumb	7,400	6,400	5,700	5,400	4,900
Index finger	3,700	3,100	2,800	2,700	2,400
Middle finger	3,000	2,400	2,300	2,200	1,900
Ring or little finger	2,200	1,800	1,500	1,600	1,500
Leg at hip	36,600	31,800	28,400	26,100	23,300
Leg at or above knee	31,200	27,100	24,200	22,200	19,800
Foot at or above ankle	18,500	15,900	14,300	13,300	11,800
Great toe	3,000	2,400	2,300	2,200	1,900
Eye	14,800	12,900	11,500	10,700	9,500
Hearing, one ear	3,700	3,100	2,800	2,700	2,400
Hearing, both ears	24,600	21,300	18,800	17,600	15,600

*Based upon schedule of percent loss in earning capacity as the result of permanent partial disability in Bulletin 359 of the United States Bureau of Labor Statistics, 1924. This schedule, which applies to unskilled workers, would have to be modified in the light of the usual occupation of the person injured.

but permanent, impairment, by the loss of an arm at the shoulder, or the leg at the hip, the present value of the loss in earnings may be estimated at about $36,600. Similarly, the loss of an arm at or above the elbow, or the leg at or above the knee, involves a loss of about $31,200 for a man at age 30, earning $3,000. On the other hand, the loss of a finger (other than the thumb), a toe, or the hearing in one ear, may, in many cases, have little effect on prospective earning capacity. In these instances, the capitalized value of the loss in earnings may range from about $2,000 to $4,000.

Even at the later working ages, permanent disability causes very sizable losses in prospective earnings. Thus, a man earning $3,000 a year, who becomes totally and permanently impaired at age 50, loses about $31,000 in gross future earnings. The loss of an arm or a leg may mean a loss of from nearly $20,000 to more than $23,000.

The magnitude of these losses to individuals because of reduced earning capacity, as cited here by way of example, stresses the importance of measures to promote safety on the job, in public places, and in the home. Large as these losses to individuals may be, their full import is realized only by considering their aggregate over the whole Nation; any interference with the full use of the limbs or the senses adversely affects our productive capacity.

Conflagration Toll at Peak in Recent Years

IT IS disappointing that for at least a third of a century little or no progress has been made in reducing the mortality from conflagration. In fact, during the war years the number of deaths from this cause reached a record high. In 1944, the latest year for which official nationwide figures are available, more than 3,000 persons in the United States were fatally burned, trampled to death, suffocated, or otherwise mortally injured in conflagrations.* This number is almost twice that of about a decade earlier. Although more recent data relating to the many millions of Metropolitan Industrial policyholders indicate that the loss of life from this hazard decreased somewhat in 1945, the figure for that year was probably still one of the highest in the last three decades.

The unfavorable experience during the war years was due, in part, to the unusually heavy toll of life taken by each of several large fires. The most disastrous of these was the conflagration in a Boston night club late in November of 1942, in which 492 lives were lost. The circus fire in Hartford, Conn., in July 1944 took the lives of 168 men, women, and children, and only three months later a gas tank explosion and fire in Cleveland, Ohio, caused 130 deaths. It was only a few years earlier, in April 1940, that 208 lives were lost in the conflagration which swept through a dance hall in Natchez, Miss. Following these catastrophes, a number of cities throughout the country have increased their supervision and have tightened the fire regulations for public eating and amusement places.

While a conflagration in a public place is a particularly serious threat to life, actually the bulk of the deaths year after year—about four fifths of the total—are the result of fires in private dwellings, apartment houses, tenements, and rooming houses. Hence, the problem of reducing the death toll from conflagration lies mainly in the prevention of fires in the home. In this connection, attention should be directed to the special hazards growing out of the current housing shortage. A goodly number of houses long unoccupied and in poor repair are now being used by families who cannot find more suitable shelter. These dwellings frequently are little short of firetraps. In many of these places and in households where several families are living together, temporary cooking and heating facilities have been installed and their use constitutes an additional fire hazard. Moreover, because of the urgency for housing, coupled with shortages of essential materials, for a time the temptation will be great not to insist upon the usual standards of construction, with the result that a very considerable number of new

*Under this heading are included deaths resulting from burning buildings and from forest and prairie fires. Deaths in burning automobiles, airplanes, ships, and other vehicles, and deaths from mine fires and explosions are assigned to other titles.

homes may not be properly safeguarded against fire.

It is apparent from the foregoing that the American people individually should be more alert now than ever before to the hazard of conflagration, and should take suitable precautions to prevent loss of life from this cause in their own homes. This warning is particularly pertinent as the cold weather months approach, since it is in the winter season that the mortality from conflagration reaches its maximum. The Yuletide holidays call for special caution because of the hazards incidental to the illumination and decoration of Christmas trees. Lighted candles constitute a serious conflagration hazard and should never be used. The illumination of the tree can be both attractive and safe by the use of approved electric wiring and lights, and by the use of decorations made of nonflammable materials. Moreover, inasmuch as the tree itself is extremely flammable, it is desirable as a fire prevention measure to dispose of it within a short time after the holidays.

Young children and older people are the chief victims of conflagrations. Children under 5 and persons over 65 account for more than two fifths of the deaths annually from this cause, although these two age groups constitute only one seventh of the total population. Clearly, the young and the old are not able to take care of themselves in these emergencies, the major proportion of which occur at night. Colored persons have higher death rates than white persons, especially at the young and old ages. This is partly because a greater proportion of the colored live in substandard homes, and partly because relatively more colored children are left without adequate supervision while parents are out working.

A comprehensive fire-prevention program involves the architect, the builder, the building superintendent, the fire and building departments, and a number of other agencies. But the individual members of the household have an important, perhaps the most important, part to play in the prevention of fires. Many lives would be saved if people would take the simple precaution to see that the heating system, electrical cords and appliances are in safe condition, and if they would be more careful in using matches and see to it that children are kept from playing with them. Moreover, many lives are lost every year because of careless smoking.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for October 1946 and October 1945, together with the death rates for the first ten months of 1946, 1945, and 1944.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	October 1946	October 1945	Year to Date: End of October		
			1946	1945	1944
ALL CAUSES—TOTAL	680.3	728.6	756.7	840.1	822.9
—Excluding war deaths	*678.2*	*689.0*	*742.2*	*739.9*	*767.8*
Typhoid fever	0.3	0.3	0.2	0.3	0.2
Measles	.1	.1	.7	.2	.8
Scarlet fever	.1	—	.1	.3	.4
Whooping cough	.2	.6	.6	.8	.6
Diphtheria	.6	.8	.6	.8	.6
Influenza	1.5	1.9	4.8	3.2	9.4
Pneumonia (all forms)	20.4	19.3	26.5	27.0	34.5
Tuberculosis (all forms)	37.5	32.8	37.9	37.4	40.4
Tuberculosis of respiratory system	34.9	29.0	34.4	33.7	36.7
Syphilis	6.7	6.7	8.1	8.4	9.3
Cancer (all forms)	109.8	108.0	114.7	111.8	108.5
Diabetes mellitus	21.3	20.9	26.4	24.9	28.3
Cerebral hemorrhage	60.3	61.9	67.1	66.5	65.7
Diseases of the coronary arteries and angina pectoris	67.5	64.3	71.1	66.7	62.3
Other chronic heart diseases†	137.2	141.8	162.1	157.3	165.8
Diarrhea and enteritis	2.2	4.9	2.5	3.6	4.9
Appendicitis	3.1	4.6	3.5	5.1	5.6
Chronic nephritis	35.9	35.6	42.4	43.7	46.7
Puerperal state—total	3.5	3.5	3.2	3.5	4.2
Suicides	6.8	6.4	7.4	6.3	6.1
Homicides	4.3	2.8	4.1	3.1	2.9
Accidents—total	46.5	51.8	49.2	55.4	53.7
Home accidents	7.3	7.7	10.4	9.9	10.4
Occupational accidents	5.9	4.9	4.9	5.1	5.8
Motor vehicle accidents	16.8	15.5	16.0	13.7	13.5
War deaths (enemy action)	2.1	39.6	14.5	100.2	55.1
All other causes of death	112.5	119.8	109.1	113.7	116.7

*The rates for 1946 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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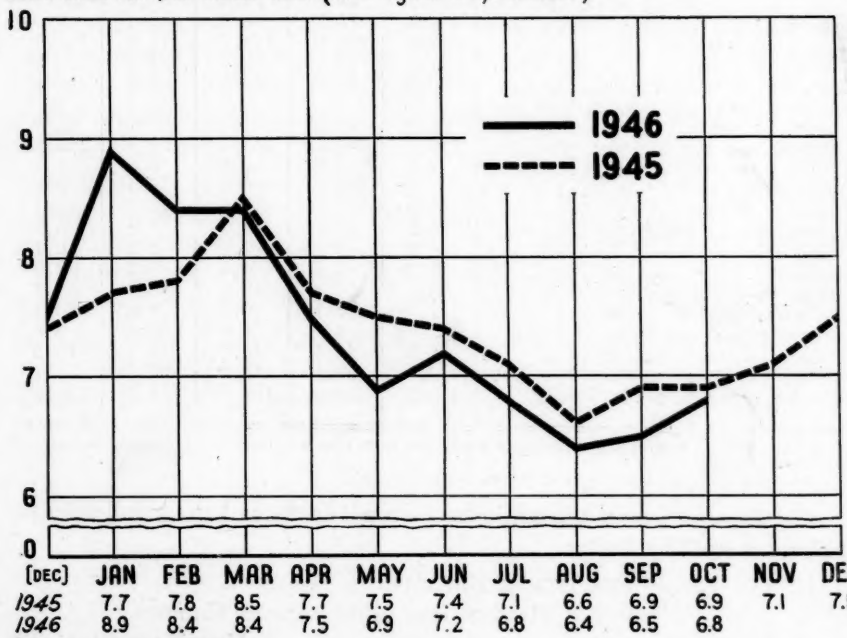
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1946 figures are provisional*)



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1945		7.7	7.8	8.5	7.7	7.5	7.4	7.1	6.6	6.9	6.9	7.1	7.5
1946		8.9	8.4	8.4	7.5	6.9	7.2	6.8	6.4	6.5	6.8		

* *Does not include war deaths*

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